SOVA

State Office of Victim Assistance
Sexual Assault Protocol (SAP)
Billing Statement

Name (last, first, MI):_____ **SS#: (last 5 digits):** __/_____

DOB: _____/_____/_____ **Age:** _____ **Gender:** ☐ **Male** ☐ **Female** ☐ **Other**_____
Ethnicity: _____ **Race:** _____
Home Address: _____
City:_____ **State:**_____ **Zip Code:**_____
Name of Healthcare Provider: _____ **ACC#:**_____

Contact Number (_____) _____-_____ **Date of Service: (mm/dd/yy)** ____/____/___

Laboratory Services

☐ **Gonorrhea NAAT**
- ☐ Oral ($14)
- ☐ Rectal ($14)
- ☐ Vaginal ($14)

☐ **Gram Stain**
- ☐ Urethral ($12)
- ☐ Rectal ($12)
- ☐ Vaginal ($12)

☐ **Chlamydia NAAT**
- ☐ Oral ($42)
- ☐ Rectal ($42)
- ☐ Vaginal ($42)

- ☐ Trichomoniasis NAAT ($60)
- ☐ Herpes Culture ($24)
- ☐ Vaginal Culture ($24)
- ☐ Wet Prep/KOH Prep ($12)
- ☐ Serum Pregnancy Test ($30)

- ☐ RPR, VDRL, Syphilis ($12)
- ☐ Presence of motile sperm ($6)
- ☐ Hepatitis B surface Antibody ($48)
- ☐ Hepatitis B surface Antigen ($48)
- ☐ HIV 4th gen antigen/antibody ($24)
- ☐ Urinalysis ($22)
- ☐ Blood Drawing Fee ($6)
- ☐ Urine Culture ($28)
- ☐ Urine Pregnancy Test ($28)

Medical Services

	Physician, FNP, NP Fee (137)
	Emergency Room Fee ($90)
	SANE Fee (104)
	Colposcopy Fee ($108)
	Clinic Fee ($60)
	Supplies (14)

Medications

Medication	Fee	Qty	Medication	Fee	Qty
☐ Rocephine 250 mg IM (Ceftriaxone) (injection)	$102 ea		☐ Plan B Levonorgestrel Flagyl	$30 ea	
☐ Flagyl 500 mg (Metronidazole) (4tabs/ea)	$4 ea		☐ Ovral (Norgestrel) (tabs/each)	$2.10 ea	
☐ Phenergen (Promethazine) (tabs/ea)	$2.64 ea		☐ Zithromax 500mg (Azithromycin) (2 tabs/ea)	$12 ea	
☐ Phenergen (suppository 50mg ea)	$15.28 ea		☐ Lidocaine	$25 ea	
☐ Suprax (Cefixime) (tabs/ea)	$13.50 ea		☐ Tetanus vaccine	$25 ea	
☐ Cipro (Ciprofloxin) (tabs/ea)	$9.60 ea		☐ Other (Justify) _____		
☐ Doxycycline (tabs/ea)	$3.17 ea				
☐ Hepatitis B vaccine	$25.00 ea				

Total Amount Billed

$_____

Remittance Address Required

_____
_____
_____
_____
_____

Fed Tax#:

Health Care Provider must attach a copy of **the Medical Examination Release Form to this Protocol Billing Statement** for payment and forward to:

State Office of Victim Assistance
1205 Pendleton Street
Edgar A. Brown Building, Room 401
Columbia, SC 29201